

pathognomonic of inflammation or œdema of the lungs. In pure bronchial catarrh the test is always negative. In pulmonary tuberculosis (except probably fibroid phthisis) the reaction is positive, even in the early stages. The albumin test may be positive before bacilli appear in the sputum, and with suggestive signs or symptoms may clinch the diagnosis. In pneumonia and pulmonary infarct the test is always positive, likewise in œdema of the lungs, even of slight degree.

An Investigation into the Pathological Physiology of a Case of Clinically Cured Cirrhosis of the Liver.—While there are several cases of clinically-cured cirrhosis, necropsy has always shown definite lesions, which are of comparatively small importance if the liver functionates properly. RIENE and PAMAF (*Société Médicale des Hôpitaux*) studied a man, aged sixty-six years, with a pronounced alcoholic history, who had cirrhosis and had been tapped forty-seven times up to 1907; in 1910 he came back to the hospital, apparently cured. There was no ascites, digestive or urinary disturbance; no collateral circulation visible; slight hemorrhoids. He had no alimentary glycosuria subsequent to taking 150 grams of levulose, but the excretion of methylene blue was prolonged and intermittent. There was no diuresis, following large amounts of water, and the excretion of chlorides was much delayed. There were no urobilin or bile pigments in the urine. It is thus apparent that there is a certain degree of portal hypertension, and that the liver cells are definitely damaged. Chanfard and Castaigne are led to attribute great importance to the excretion of methylene blue as a functional test for liver sufficiency. The alimentary glycosuria test is, on the contrary, so full of uncertainties as to not be reliable at all. These tests show that the hepatic cells are damaged, and while the patient is clinically cured, he must be maintained upon a rigid régime to prevent a relapse. An interesting point is that, clinically, this was a case of atrophic cirrhosis, and most of the apparent cures have been in cases of large livers. This cure must be laid to the rigid diet of milk and the associated absolute repose.

Treatment of Addisonian Anemia with Salvarsan.—BYRON BROMWELL (*Brit. Med. Jour.*, 1911, i, 547) reports two cases of the so-called pernicious or Addisonian anemia treated with "606;" after noting the fact that those cases do best which take large doses of Fowler's solution and are in the early stages, he shows that one was taking 36 and the other 27 drops of Fowler's per die. After two months of treatment in one case and one month in the other, the Fowler's solution was stopped and four doses of "606" (each dose 2 to 3 grams) administered to each patient at approximately two weeks intervals. While in the Fowler's solution treatment there had been slight improvement, the change after "606" was marked. The hemoglobin, which had increased from 30 to 50 per cent. under Fowler's, now rose to 78 and 88; the subjective side was much improved too. The "606" was administered intramuscularly.

Complement Fixation in Leprosy with Leprous Antigen.—R. BIEHLER and J. ELIASBERG (*Deutsche med. Woch.*, 1911, xxxiv, 304) have made studies in complement fixation in leprosy which appear to be of great interest because of the specificity of the reaction. The method of preparing the antigen, which is the important step, is as follows: Fresh lepromas are allowed to autolyze two or three days in a closed vessel at room temperature. The material is then rubbed up with 2 per cent. antiformalin solution and placed in a shaker for twenty-four hours. The suspension is now centrifugalized, the supernatant fluid carefully pipetted off and neutralized with 0.1 per cent. normal sulphuric acid. The fluid must be exactly neutral in reaction and is ready for immediate use. The mode of procedure for carrying on the reaction is then given. Sera from 18 cases of leprosy were examined. Of these, 8 were *lepra tuberosa*, the remaining 10 being *lepra nervorum*. Antigen such as that described above gave uniform positive results with lepromas sera, and *only* with leprosy sera. Laetic sera were negative when tested with this antigen. Biehler and Eliasberg find that sera from *lepra tuberosa* find complement more markedly than those from *lepra nervorum*.

Eosinophilic Intestinal Crises in Sucklings.—L. LANGSTEIN (*Munch. med. Woch.*, 1911, lviii, 623) has previously called attention to the passage of stools consisting largely of mucus and containing many eosinophilic leukocytes in the so-called exudative diathesis of infants. He has had opportunity to observe additional cases since his former report. The mucoid stools, rich in eosinophilic cells, appear in crises which may pass off, with little or no change having been made in the baby's diet. Langstein suggests that the eosinophilic intestinal crises which he has observed may be a kind of "intestinal asthina" (Strümpell) of the suckling. There are no severe general symptoms. Elevation in temperature and change in weight, which would scarcely be lacking in an infectious process, have been conspicuous by their absence.

The Diminished Resistance of Diabetics to Infection.—E. HANDMANN (*Deutsches Archiv f. klin. Med.*, 1911, cii, 1) has investigated the cause of the lowered resistance of diabetics to infections. In the main, he considers, there are two possibilities—one that the lowered resistance is humoral, the other, that it is purely cellular. It is with the former that Handmann has busied himself. As a result of numerous experiments, he has arrived at the following conclusions: (1) Blood containing large quantities of glucose (0.5 to 1 per cent.) is no better medium for the growth of staphylococci than normal blood. (2) The addition of grape sugar to blood does not lessen its bactericidal power for the staphylococcus, providing the concentration of the glucose be kept within the limits met with in diabetic blood. (3) Similar addition causes no diminution in the normal opsonins of the serum against staphylococci. (4) The diminished resistance of many diabetics to infections is not, therefore, attributable exclusively, nor even chiefly, to a decrease of the bactericidal properties of the blood or body fluids, but in all probability is to be sought in cellular changes.